

EXHIBIT D



THE ALLIED GROUP OF COMPANIES

390 NORTH BROADWAY, JERICHO, NEW YORK 11753-2110 • (516) 733-9200 • (800) 861-9452 • FAX: (516) 681-7390

DATE: 6-5-01

TO: Athena

COMPANY: Trataros

FAX#: 646-935-0757

PAGES TO FOLLOW:

cc Basil 718-994-4505

The following is a Certificate of Insurance, which you have requested. If you have any questions, please feel free to call me at (516) 733-9283 or FAX #(516) 681-7499.

Thank you.

**ALLIED NORTH AMERICA INSURANCE
BROKERAGE CORP. OF NEW YORK**

Peggy Theis

Peggy Theis
Tech Support

Trataros Construction, Inc.

Baruch Academic Complex
55 Lexington Avenue
New York, New York 10010

Phone: (646)935-0101
Fax: (646)935-0757

**TRANSMITTAL
No. 01077**

PROJECT: BARUCH ACADEMIC COMPLEX**DATE: 6/5/01**

TO: TDX Construction Corporation
137 East 25th Street
New York, New York 10010

REF: G.M. CROCETTI INSURANCE
GC 2 - CONTRACT NO. 16

ATTN: Joseph Sciaccatano

WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
<input type="checkbox"/> Shop Drawings	<input type="checkbox"/> Approval	<input type="checkbox"/> Approved as Submitted
<input type="checkbox"/> Letter	<input checked="" type="checkbox"/> Your Use	<input type="checkbox"/> Approved as Noted
<input type="checkbox"/> Prints	<input type="checkbox"/> As Requested	<input type="checkbox"/> Returned After Loan
<input type="checkbox"/> Change Order	<input type="checkbox"/> Review and Comment	<input type="checkbox"/> Resubmit
<input type="checkbox"/> Plans		<input type="checkbox"/> Submit
<input type="checkbox"/> Samples		<input type="checkbox"/> Returned
<input type="checkbox"/> Specifications	<input checked="" type="checkbox"/> Attached	<input type="checkbox"/> Returned for Corrections
<input checked="" type="checkbox"/> Other: INSURANCE CERTIFICATE	<input type="checkbox"/> Separate Cover Via:	<input type="checkbox"/> Due Date:

ITEM	PACKAGE	SUBMITTAL	DRAWING	REV.	ITEM NO.	COPIES	DATE	DESCRIPTION	STATUS
INSR				1	1	6/5/01		CERTIFICATE RENEWAL FOR G.M. CROCETTI	

Remarks:**CC:**

Signed: 
Athena Curis

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

NEW YORK STATE INSURANCE FUND

199 CHURCH STREET, NEW YORK, N.Y. 10007-1100

1-888-997-3863

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ALLIED SAFETY MANAGEMENT INC
390 NORTH BROADWAY
JERICHO NY 11753

POLICY NUMBER
G 1250 357-9
DATE
6/05/2001
CERTIFICATE NUMBER
397-371

PERIOD COVERED BY THIS CERTIFICATE
5/01/2000 TO 5/01/2002

POLICYHOLDER	
G. M. CROCETTI INC	
& MICHAEL E BOBAL	
3960 MERRITT AVENUE	
BRONX	NY 10466

CERTIFICATE HOLDER	
TRATAROS CONSTRUCTION, INC.	
664 64TH STREET	
BROOKLYN	NY 11220

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE STATE INSURANCE FUND UNDER POLICY NO. 1250 357-9 UNTIL 5/01/2002, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 5/01/2002 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 5 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS CERTIFICATE DOES NOT APPLY TO BUILDING DEMOLITION.

THIS CERTIFICATE DOES NOT APPLY TO THOSE JOB SITES WHICH ARE COVERED BY OTHER INSURANCE AND ARE SPECIFICALLY EXCLUDED BY ENDORSEMENT.

THE STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

Trataros Kemner-0010

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YY)
06/05/01

PRODUCER

Allied North America Insurance
 Brokerage Corp. of New York
 390 North Broadway
 Jericho, NY 11753

INSURED

G.M. Crocetti, Inc.
 3960 Merritt Avenue
 Bronx, NY 10466

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: Lumbermen's Mutual Casualty Co.
 INSURER B: Pennsylvania General Ins. Co.
 INSURER C: Ohio Casualty Group
 INSURER D: State Insurance Fund
 INSURER E:

COVERS

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR

LTR

TYPE OF INSURANCE

POLICY NUMBER

POLICY EFFECTIVE DATE (MM/DD/YY)

POLICY EXPIRATION DATE (MM/DD/YY)

LIMITS

A	GENERAL LIABILITY	4LS00175900	03/31/00	03/31/02	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$50,000
	CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,000
	GENL AGGREGATE LIMIT APPLIES PER POLICY X PROJECT LOC				PERSONAL & ADV INJURY	\$1,000,000
					GENERAL AGGREGATE	\$2,000,000
					PRODUCTS - COMP/OP AGG	\$1,000,000
B	AUTOMOBILE LIABILITY	CJAP15148	03/31/01	03/31/02	COMBINED SINGLE LIMIT (If a accident)	\$1,000,000
	X ANY AUTO				BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	X HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$
	X NON-OWNED AUTOS				OTHER THAN EA ACC	\$
					AGG	\$
	GARAGE LIABILITY				EACH OCCURRENCE	\$10,000,000
	ANY AUTO				AGGREGATE	\$10,000,000
C	EXCESS LIABILITY	BX00252693548	03/31/01	03/31/02		\$
	X OCCUR CLAIMS MADE					\$
	DEDUCTIBLE					\$
	X RETENTION \$10000					\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	12503579	05/01/01	05/01/02	WC STATUTORY LIMITS	OTH ER
					E.L. EACH ACCIDENT	\$Cert To
					E.L. DISEASE - EA EMPLOYEE	\$Follow
					E.L. DISEASE - POLICY LIMIT	\$From SIF
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Baruch College Site B Package No. 2 General Construction Work Contract
 No. 16

Foregoing per policy form. Additional Insured status encompasses General Liability: Trataros Construction, Baruch College, D.A.S.N.Y., C.U.N.Y., TDX Construction Corp., The City University Construction Fund.

CERTIFICATE HOLDER

ADDITIONAL INSURED/INSURER LETTER:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

REPRESENTATIVE

AUTHORIZED REPRESENTATIVE

Except 10 days
 for Non-payment of Premium

MAT © ACORD CORPORATION 1998